

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name **AMERICAN FUTURE FUND**(b) Address (number and street) ☐ check if different than previously reported
4225 FLEUR DRIVE #142(c) City, State and ZIP Code
DES MOINES IA 50321(d) Name of Employer or Principal Place of Business
n/a(e) Occupation
n/a**2. FEC Identification Number****C** C30001028**3. Is This Statement**☐ **New**

or

☒ **Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2010

through

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2010**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2010(b) Communication Title Not The Sopranos**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Sandy Greiner

(b) Address (number and street)
4225 Fleur Drive #142

(c) City, State and ZIP Code

Des Moines

IA 50321

(d) Name of Employer or Principal Place of Business
self-employed(e) Occupation
Farmer**9. Total Donations This Statement**

, , .00

10. Total Disbursements/Obligations This Statement

, , 62200.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Sandy GreinerSIGNATURE Sandy Greiner[Electronically Filed] DATE 02/07/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
 (use additional pages as necessary)

PAGE 2 OF 3

11. Person(s) Sharing/Exercising Control
A. (a) Name **Transaction ID : F91.000001**

Sandy Greiner

(b) Address (number and street) 4225 Fleur Drive #142

(c) City, State and ZIP Code

Des Moines

IA 50321

(d) Name of Employer or Principal Place of Business
self-employed(e) Occupation
farmer
B. (a) Name **Transaction ID : F91.000002**

Cord Overton

(b) Address (number and street) 4225 Fleur Drive #142

(c) City, State and ZIP Code

Des Moines

IA 50321

(d) Name of Employer or Principal Place of Business
n/a(e) Occupation
student
C. (a) Name **Transaction ID : F91.000003**

Katherine Polking

(b) Address (number and street) 4225 Fleur Drive #142

(c) City, State and ZIP Code

Des Moines

IA 50321

(d) Name of Employer or Principal Place of Business
n/a(e) Occupation
student
D. (a) Name **Transaction ID : F91.000004**

Barbara Smeltzer

(b) Address (number and street) 4225 Fleur Drive #142

(c) City, State and ZIP Code

Des Moines

IA 50321

(d) Name of Employer or Principal Place of Business
University of Dubuque(e) Occupation
Student Advisor**E.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

SCHEDULE 9-B

PAGE 3 OF 3

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc. <hr/> Mailing Address of Payee 600 Fairmount Ave, Ste 306 <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> <tr> <td>Towson</td> <td>MD</td> <td>21286</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer</td> <td style="width: 33%;">Occupation</td> <td style="width: 33%;"></td> </tr> <tr> <td>n/a</td> <td>n/a</td> <td></td> </tr> </table> <hr/> Purpose of Disbursement (Including title(s) of communication(s)) radio advertisement media placement				City	State	Zip Code	Towson	MD	21286	Name of Employer	Occupation		n/a	n/a		Date of Disbursement or Obligation <table style="width: 100%; text-align: center;"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>26</td> <td></td> <td>2010</td> </tr> </table> Amount <table style="width: 100%; text-align: right;"> <tr> <td>59950.00</td> </tr> </table> Communication Date <table style="width: 100%; text-align: center;"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>26</td> <td></td> <td>2010</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		26		2010	59950.00	M M M	/	D D D	/	Y Y Y Y Y Y	10		26		2010
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B. Full Name (Last, First, Middle Initial) of Payee McCarthy Marcus Hennings <hr/> Mailing Address of Payee 1850 M Street, Ste 235 <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20036</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer</td> <td style="width: 33%;">Occupation</td> <td style="width: 33%;"></td> </tr> <tr> <td>n/a</td> <td>n/a</td> <td></td> </tr> </table> <hr/> Purpose of Disbursement (Including title(s) of communication(s)) radio advertisement production				City	State	Zip Code	Washington	DC	20036	Name of Employer	Occupation		n/a	n/a		Date of Disbursement or Obligation <table style="width: 100%; text-align: center;"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>26</td> <td></td> <td>2010</td> </tr> </table> Amount <table style="width: 100%; text-align: right;"> <tr> <td>2250.00</td> </tr> </table> Communication Date <table style="width: 100%; text-align: center;"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>26</td> <td></td> <td>2010</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		26		2010	2250.00	M M M	/	D D D	/	Y Y Y Y Y Y	10		26		2010
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